

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 22, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99080 rendered on 9/30/03.

II. RATIONALE

Review of the requestor's position statement dated 11/11/03 states in part; "...Attached you will find a copy of the request by TWCC ordering a designated doctors appointment for ____ [sic] The designated doctors appointment was for 10-17-03 and the Designated doctor was _____. Records were provided. There were 171 pages copies as medical records.

The CPT Code 99080 is clearly explained as Copies of Medical Records. I am not sure what other explanation is needed for the CPT Code in question. Per TWCC rule 133.106 (f) (3), the commission considered fair and reasonable for submitted required report or medical records under the section of this title.

<i>99080</i>	<i>Copies of Medical Records</i>	<i>\$0.50/unit</i>
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Per TWCC Rules on page 22, it orders to pay copies of reports or clinical notes at \$.50 per page. Additional reimbursement is due for this date of service. Per Rule 133.306 (f)(3) Copies of reports or clinical notes is reimbursed at \$.50 per page. ..."

The respondent's did not submit a position statement.

Review of the carriers EOB dated 10/31/03 revealed that the requestor billed for CPT code 99080 in the amount of \$85.50. The carrier paid the requestor the amount of \$50.00 and denied the remaining balance of \$35.50 as "F-The procedure code is reimbursed based on the maximum allowable fee for the Texas Fee Guideline. If one is not specified, the UCR allowance for this zip code area." The requestor seeks additional reimbursement of \$35.50. Review of the requestor's position statement revealed that the requestor billed the carrier for 171 pages of medical records. According to TWCC Rule 133.106 (f)(3), reimbursement of copies of reports or clinical notes is \$.50 per page. Therefore the requestor is entitled to additional reimbursement in the amount of \$35.50.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99080 in the amount of **\$35.50**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$35.50** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of April 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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